



GOVERNMENT OF MADHYA PRADESH



OFFICE OF THE CHIEF EXECUTIVE OFFICER
SANT SHIROMANI RAVIDAS GLOBAL SKILLS PARK, BHOPAL

DEPARTMENT OF TECHNICAL EDUCATION, SKILL DEVELOPMENT AND EMPLOYMENT
GOVERNMENT OF MADHYA PRADESH
Hazrat Nizamuddin Colony Road, Narela Shankari, Bhopal, Madhya Pradesh 462022

TENDER DOCUMENT

Engagement of company

For Insurance of employees and their Family Members in Sant Shiromani,
Global skills park, Bhopal (M.P.)

Tender No. : RFP No.06/SSR GSP/Group Insurance/2024-2025



NOTICE INVITING TENDER (NIT)

NAME OF THE WORK :: STAFF GROUP MEDICLAIM POLICYUNDER MEDICAL INSURANCE SCHEME

Sealed tenders are invited for the above-mentioned work from reputed Insurance companies.

1	Name of the work and category	Group Mediclaim Insurance Existing Staff their dependent family upto 6 members including staff.
2	Cost of application/ tender document.	1180 Inclusive GST
3	Tender Details:	For details of RFQ, terms and conditions and other Information, please visit our following website
4	Tender Floated on	07/10/2024
5	Pre-Bid Written Queries by e-mail only on srrgspdiretor.pd@gmail.com	14/10/24
6	Pre Bid Meeting	15/10/2024 at 3:00 PM in Meeting Hall SSRGSP, Bhopal,M.P.
7	Place & Address for submission oftender	Chief Executive Officer, Hazrat Nizamuddin Colony Road, Narela Shankari, Bhopal, Madhya Pradesh 462022
8	Contact person/telephone no: (In case of any Queries)	Sh.G.N.Agarwal(Director)
9	Date and Time for Submission of Tender	22/10/2024 at 4.00 PM
8	Date and Time of opening of Technical Bid	23/10/2024 at 4.00 PM
10	Terms of payment of Bills, if any. Specify the minimum value of work for payment of running account bills.	One Single payment
11	Validity period of the tender	60 Days.
12	Taxes	Premium Rates quoted should Exclude GST.GST will be paid by the SSRGSP.
13	Mode of Payment	Payment will be made through Electronic modeonly
14	Third Party Administration	Decision will be taken in consultation withinsurance company
15	Coverage Period	One Year

Tender Procedure for Submission:

ENVELOPE „A“ : This envelope to be placed with below mentioned Annexure“sand super scribed as **“TECHNICAL BID for Tailor Made GMC Insurance Policy for SSRGSP Employees/their Dependent Family Members”**.

- Annexure I : Declaration of acceptance from the Bidder
- Annexure II : Request for Quotation
- Annexure III : Medical Scheme for the Employees of SSRGSP
- Annexure IV : List of Diseases to be covered under Day Care Procedures

ENVELOPE „B“: This envelope should contain only the Price Bid and super scribed as **“PRICE BID for Tailor Made GMC Insurance Policy for SSRGSP Employees/their Dependent Family Members”**.

- Annexure V : The Price Bid stating the Net Premium quoted

Sealed Envelopes A & B (as stated above) to be placed in a single cover (sealed) and super scribed as **“Tender for Group Medical Insurance Policy for SSRGSP Employees/ Dependent Family Members** sealed envelope should be dropped in the tender box placed in our Head office before the Tender due date and time. Those who send the tender documents by post, have to ensure that the documents reach the office on or before the prescribed time & date. The University will not take any responsibility under any circumstances for courier/ postal delays.

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Eligibility Criteria:

- Only Government Insurance Companies are eligible to participate in the Bid.

Terms and conditions:

1. The Bidder has to submit the relevant & readable files completely duly signed including covering letter as indicated in the tender document (including issued corrigendum if any. In case of any irrelevant or non-readable files, the bid may be rejected.
2. **SSRGSP** reserves the right to accept or reject any or all the tender in part or in full or may cancel the tender, without assigning any reason thereof.
3. **SSRGSP** reserves the right to relax/ amend/ withdraw any of the terms and conditions contained in the tender document at any stage of the Tender process without assigning any reason thereof.
4. **SSRGSP** reserves the right to modify/ change/ delete/ add any further terms and conditions prior to issue of purchase order.
5. The Technical bid will be opened first. The Price bids of the Companies whose Technical bids are disqualified, will not be opened.
6. During the tender opening one authorized representative of the bidder must be present.
7. The Rate / Commercial / Technical Offer of the bidder should remain valid for 40 days. The bidder should have ensured that all necessary approvals from their Regional Offices/Head Offices/Competent Authority should be in place before bidding. **SSRGSP** is well within their right to seek those approvals in case a bidder is selected as L1. In case the bidder is unable to provide the same, **SSRGSP** reserves the right to reject the L1 bidder.
8. Bids which are late/ vague/ conditional/ incomplete/ not confirming to the laid down procedure in any respect will be rejected.
9. Bids which are late/ vague/ sent by fax/ sent by email/ incomplete/ not confirming to the laid down procedure in any respect will be rejected.
10. In case of differences arising in the terms and conditions of the tender documents with the term(s), the decision of CEO of the **SSRGSP** shall prevail.

SIGNATURE OF THE BIDDER
WITH SEAL & DATE



11. Arbitration- All disputes and differences which may arise between the **SSRGSP** and the Insurance Company shall be referred to CEO of **SSRGSP** whose decision shall be binding on all concerned.
12. **SSRGSP** reserves the right to cancel or postpone the tenders at any stage without assigning any reason. **SSRGSP** reserves the right to negotiate with L1, L2 & L3 bidders in case the premiums are on the higher side and the bidder by bidding thus confirms to negotiate in such an eventuality.
13. **SSRGSP** may issue corrigendum to tender document before due date of submission of the bid. The bidder is required to read the tender document in conjunction with the corrigendum if any issued by **SSRGSP**.
14. All paper of Tender document and supporting documents should be sealed and signed by the bidder.

SIGNATURE OF THE BIDDER
WITH SEAL & DATE



Tender Document
Annexure I

To

Date:

CEO

SSRGSP,

Bhopal

Dear Sir,

Sub:- Tender for Tailor Made GMC Insurance Policy for Self and their Dependent Family Members of SSRGSP Ref: Notice inviting Tender No....

With reference to the above, I am/ we are offering our competitive terms prices for Tailor Made GMC Insurance Policy for Self (Employee) and their dependents Family Members of SSRGSP.

I/We hereby reconfirm accept and declare that I/ We have carefully read and understood the above referred tender document including instructions, Annexure Terms & Conditions, Coverage's, Specifications, Schedule and all the contents stated therein and corrigendum if any published on SSRGSP website.

I/We confirm that all necessary approvals from our competent authority at Regional Offices/Head Offices have been taken before submitting the Technical/ Financial Bid.

Thanking you, Yours faithfully,

(Signature of the Tenderer) Name: _____

Designation_____Stamp

Mobile No._____

Annexure-II

TAILOR MADE GMC FOR EXISTING EMPLOYEES OF SSRGSP.

01	Family Floater	Yes
02	Coverage	Existing Employee and their dependent family members
03	No of Employee and their Family Members	Total: 303 (At Present 79 Employees)
04	Family Definition	a. Employee + Spouse + 2DependentChildren + Parents
05	Employees and Family Members in future	Employees can be up to 319+their Family members as mentioned above
06	Sum Insured	Rs. 5.00 Lakhs
07	Pre-existing Diseases and Waiting period Waivers	Yes
08	Room Rent & Boarding	1% for Private/Deluxe or Actual upto Rs.5000/- Per day
09	Room Rent for ICU	3% for ICCU or Actuals up to Rs.15000/ Per Day
10	Cashless facility	In all over India
11	Expenses on Major surgeries/ Illnesses	No capping
12	Maternity cover	Yes
	a) for Normal	Rs. 50,000/-
	b) For C section	Rs. 75,000/-
13	Waiver of Nine Months Waiting period	Waived off
14	New Born Baby Cover	Yes
15	New Born Baby expenses(illness)	Within the Family Floater SI
17	Termination of Pregnancy	Yes, if recommended by the Doctor
18	Pre and Post Hospitalization	30 and 60 days
19	Domiciliary treatment and Domiciliary Hospitalization	Yes (As per Annexure IV)
20	AYUSH Cover	Yes (Mentioned in Annexure III)
21	Advanced Medical Treatment	Yes (Mentioned in Annexure III)
22	Charges for Hiring a Nurse / attendant in ICU/CCU & Neo Natal Nursing cases	Yes, if the patient is critical andrecommended by the Doctor
23	Ambulance & Auto Charges	Auto and taxi max up to Rs. 750/- per tripAmbulance as per Actual
24	Congenital anomalies cover	Both External & Internal diseases/defect anomalies are covered
25	Addition & Deletion	Pro rata (Date of Joining & Date of discharge from the SSRGSP is considered)
26	Day care Procedures	Yes
27	Limits for common ailments	Cataract Rs. 30,000/- per Eye(Inclusiveof unifocal lens)
28	Taxes, Surcharges Payable	Yes
29	Genetic, Psychiatric, Neurological, Muscular Degenerative & Age-relatedDisorders	Yes
30	Physiotherapy treatment	Yes, for the period specified by therecommended Doctor

31	Organ Donor cover	Yes (excluding organ cost)
32	Rental Charges for External and Durable medical equipment	Only rental charges are payable. (Mentioned in Annexure III)
33	Ambulatory Devices	Yes (Mentioned in Annexure III)
34	Submission of claim documents for reimbursement	Within 30 days from the date of discharge from Hospital.
35	Intimation of claim	Within 24 days from the date of Admission

Annexure- III

Medical Scheme for the Officers/ Employees of SSRGSP & Policy Wordings which shall form part of the Policy

The scheme covers expenses of the officers / employees (including retirees) and dependents in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/ Medical Specialist/ Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/ domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/ surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured

- 1.1 The Scheme Covers
- 1.2 For Existing Employees: Self + Spouse +2-Dependent Children+Parents
- 1.2.1 All New Officers / employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.
- 1.3 SUM INSURED: Hospitalization Treatment coverage as defined in the scheme per annum

Rs. 5,00,000 (Five Lack Rs. Only)

1.1 In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

- A.** Room and Boarding expenses as provided by the Hospital/ Nursing Home not exceeding 1% of sum assured for Private/Delux or Actual upto Rs. 5000/- Per day or the actual amount whichever is less.
- B.** Intensive Care Unit (ICU) expenses not exceeding 3% of sum assured for ICCU or Actual up to Rs. 15000/- Per Day or actual amount whichever is less.
- C.** Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- D.** Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of

prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator, Ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending also covered in policy.

E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured also covered.

1.2 PRE AND POST HOSPITALISATION: Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 60 days after discharge.

2 DEFINITIONS:

2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury —

2.2

A. “Acute condition” — Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. “Chronic condition” — A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics —

- i.** It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.
- ii.** It needs ongoing or long-term control or relief of symptoms
- iii.** It requires rehabilitation or for to be specially trained to cope with it
- iv.** It continues indefinitely
- v.** It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment “Allopathy” or “modern medicine and includes Ayurveda, unani, siddha, homeopathy and Naturopathy in the Indian Context, for Hospitalization only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 (Ref: 3.4 Alternative Therapy)

2.4 ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.



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2.5 CASHLESS FACILITY:

Cashless facility “means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

2.6 CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body
- b. External Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

2.8 CONTRIBUTION:

The Officers / employees can share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.9 DAYCARE CENTRE:

A day care center means any institution established for day care treatment of illness and/ or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorized personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

- i. undertaken under general or local anesthesia in a hospital/day care than a day because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than a day. Treatment normally taken on an out patient basis is not included in the scope of this definition.

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2.11 HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term „Hospital / Nursing Home“ shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

2.12 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

2.13 ID CARD:

ID Card means the identity card issued to the insured person by the **THIRD PARTY ADMINISTRATOR** to avail cashless facility in network hospitals.

2.14 ILLNESS:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

2.15 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However, all types of Hospitalization is covered under the Scheme.

2.16 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

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2.17 INTENSIVE CARE UNIT:

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.18 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b) Expenses towards medical termination of pregnancy during the policy period.
- c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

2.19 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.20 MEDICAL EXPENSES:

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

2.21 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.22 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

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(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

2.23 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

2.24 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.25 NON NETWORK:

Any hospital, day care Centre or other provider that is not part of the network.

2.26 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the **SSRGSP**, insurer or Third Party

Administrator as well as the address/telephone number to which it should be notified.

2.27 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

2.28 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which he/ she had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

2.29 PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;

- i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

2.30 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 60 days after the Insured person is discharged from the hospital provided that;

- a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.31 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

2.32 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, considering the nature of the illness/injury involved.

2.33 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.34 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

2.35 SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

2.36 THIRD PARTY ADMINISTRATOR:

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.37 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

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3. COVERAGES:

3.1 Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilica/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/granuloma/lump/tumor	28	Septoplasty
10	Eye surgery	29	Piles/ fistula
11	Fracture including hairline fracture /dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy Including parental chemotherapy	32	Tonsillectomy
14	Lithotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Varicose Vein Ligation
16	Varicocelectomy	35	All scopies along with biopsies
17	Wound suturing	36	All scopies along with biopsies
18	FESS	37	Lumbar puncture
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.		

This condition will also not apply in case of stay in hospital of less than a day provided

- a. The treatment is undertaken under General or Local Anesthesia in a hospital /day care Centre in less than a day because of technological advancement and
- b. Which would have otherwise required hospitalization of more than a day.

3.2 ALTERNATIVE THERAPY:

Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines, viz, Ayurvedic, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central and state government.

3.3 MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50000/- for Normal Delivery and Rs. 75,000/- for Caesarean Section.

Special conditions applicable to Maternity expenses Benefit Extension:

- i. 9 months waiting period under maternity benefit will be waived from the policy.
- ii. Pre-natal & post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
- iii. Missed Abortions, Miscarriage or abortions induced by accidents are covered under the limit of Maternity.
- iv. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered up to the Sum Insured.
- v. Expenses incurred for Medical Termination of Pregnancy.
- vi. Claim in respect of delivery to be given up to 02 children.

3.4 BABY DAY ONE COVER(CASHLESS):

New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity.

However if the baby contracts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.

3.5 AMBULANCE CHARGES :

On Actual Basis

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

3.6 PRE- EXISTING DISEASES/ AILMENTS:

Pre-existing diseases are covered under the scheme.

3.7 CONGENITAL ANOMOLIES:

Expenses for Treatment of Congenital Internal / External diseases, defects/anomalies are covered under the policy

3.8 PSYCHIATRIC DISEASES:

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

3.9 ADVANCED MEDICAL TREATMENT:

All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

3.10 TAXES AND OTHER CHARGES:

All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges Nursing, and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment

Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neonatal nursing care or any other case where the patient is critical and requiring special care.

3.11 GENETIC DISORDERS:

Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

3.12 DEGENERATIVE DISORDERS:

Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

3.13 RENTAL CHARGES :

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.14 AMBULATORY DEVICES:

Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, subcutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic device/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

3.15 PHYSIOTHERAPY TREATMENT:

Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

3.16 No Coping on Advance/ Modern Treatment

4. EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

4.1 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

4.2

a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

b. Vaccination or inoculation.

c. Change of life or cosmetic or aesthetic treatment of any description is not covered.

d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.

4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

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4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

5. CONDITIONS:

5.1 Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.

5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the **SSRGSP**, dealing with Medical Claims, and/or the **THIRD PARTY ADMINISTRATOR** office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the **SSRGSP** or **THIRD PARTY ADMINISTRATOR** named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalization/Domiciliary Hospitalization .

5.5 All supporting documents relating to the claim must be filed with the office of the **SSRGSP** dealing with the claims or **THIRD PARTY ADMINISTRATOR** within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 60 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the **SSRGSP** that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

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5.51 The Insured Person shall obtain and furnish to the office of the **SSRGSP** dealing with the claims / **THIRD PARTY ADMINISTRATOR** with all original bills, receipts and other documents



upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/ Insurance Company may require in dealing with the claim.

5.52 Any medical practitioner authorised by the **SSRGSP** / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization, if so required.

5.6 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.7 DISCLOSURE TO INFORMATION NORM

The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5.8 Claims will be managed through the same Office of the **SSRGSP** from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the **SSRGSP** in clearing all the claims on real time basis.

5.9 In case of rejection of claims it would go through a Committee set up of the **SSRGSP** Third Party Administrator and Insurance Company. Unless rejected by the committee in real time the claim should not be rejected.

5.10 The Scheme would also cover the existing employees of the **SSRGSP** and dependent spouse subject to payment of stipulated premium.

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Annexure IV

Day care treatment cover such as-

Day care procedures	
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration
ENT: Procedures on the tonsils & adenoids	
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPHTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment

Procedures on the skin & subcutaneous tissues	
34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
38	Simple restoration of surface continuity of the skin and subcutaneous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17
45	Incision and drainage of abscess
Procedures on the tongue	
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
Procedures on the mouth & face	
54	External incision and drainage in the region of the mouth, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the mouth
58	Plastic surgery to the floor of the mouth
59	Palatoplasty
Trauma surgery and orthopaedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration





65	Aspiration of hematoma
66	Excision of dupuytren's contracture
67	Carpal tunnel decompression
68	Surgery for ligament tear

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69	Surgery for meniscus tear
70	Surgery for hemoarthrosis /pyoarthrosis
71	Removal of fracture pins/nails
72	Removal of metal wire
73	Joint Aspiration - Daignostic / therapeutic
Procedures on the breast	
74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascitic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudopancreatic cyst
94	Hernia Repair (Herniotomy / herniography / hernioplasty)
Procedures on the female sexual organs	
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin"s glands (cyst)
104	Endoscopic polypectomy
105	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
Procedures on the prostate & seminal vesicles	

106 Incision of the prostate
107 Transurethral excision and destruction of prostate tissue
108 Open surgical excision and destruction of prostate tissue
109 Radical prostatovesiculectomy
110 Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis
111 Incision of the scrotum and tunica vaginalis testis
112 Operation on a testicular hydrocele
113 Excision and destruction of diseased scrotal tissue
114 Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes
115 Incision of the testes
116 Excision and destruction of diseased tissue of the testes
117 Orchidectomy- Unilateral / Bilateral
118 Orchidopexy
119 Abdominal exploration in cryptorchidism
120 Surgical repositioning of an abdominal testis
121 Reconstruction of the testis
122 Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and DuctusDeferans
123 Surgical treatment of a varicocele and hydrocele of spermatic cord
124 Excision in the area of the epididymis
125 Epididymectomy
126 Reconstruction of the spermatic cord
127 Reconstruction of the ductus deferens and epididymis
Procedures on the penis
128 Procedures on the foreskin
129 Local excision and destruction of diseased tissue of the penis
130 Amputation of the penis
131 Plastic reconstruction of the penis
Procedures on the urinary system
132 Cystoscopical removal of stones
133 Lithotripsy 19
134 Haemodialysis
135 PCNS (Percutaneous nephrostomy)
136 PCNL (PercutanousNephro-Lithotomy)



137 Tran urethral resection of bladder tumor
138 Suprapubiccytostomy
Procedures of Respiratory System
139 Brochosopic treatment of bleeding lesion
140 Brochosopic treatment of fistula /stenting

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141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
Procedures of Heart and Blood vessels	
143	Coronary angiography (CAG)
144	Coronary Angioplasty (PTCA)
145	Insertion of filter in inferior vena cava
146	TIPS procedure for portal hypertension
147	Blood transfusion for recipient
148	Therapeutic Phlebotomy
149	Pericardiocentesis
150	Insertion of gel foam in artery or vein
151	Carotid angioplasty
152	Renal angioplasty
153	Varicose vein stripping or ligation
OTHER Procedures	
154	Radiotherapy for Cancer
155	Cancer Chemotherapy
156	True cut Biopsy
157	Endoscopic Foreign Body Removal
158	Vaccination / Inoculation - Post Dog bite or Snake bite
159	Endoscopic placement/removal of stents
160	Tumorembolisation
161	Aspiration of an internal abscess under ultrasound guidance

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Annexure-V

SANT SHIROMANI,
GLOBAL SKILL PARK, BHOPAL (M.P)

PART- II - PRICE BID

Tailor Made GMC Insurance Policy for Self and their Dependent Family Members of SSRGSP

Ref No.: _

Date _____

S.No	Sum Insured	Net Premium Per family (Excluding GST)
1	Rs. 5.00 Lakhs	

I/We confirm that all necessary approvals from our competent authority at Regional Offices/ Head Offices have been taken before submitting the above Price Bid.

- 1)** In case there is any discrepancy between figures and words, that bid will be rejected.
- 2)** The L-1, L-2 and L-3 offer will be evaluated on the basis of the above quoted value
- 3)** Conditional Bids are liable to be rejected.

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